

alone—a place where they cannot be cured or cared for—there are 134 lunatics. There are nine lunatics in the Belfast Jail, and seventeen in the County Down Jail. The Rev. Dr. Montgomery, who said he had been thirty years governor of the asylum, bore similar testimony to the “great increase” of the malady. There are 354 patients in the asylum, and there are nearly the same number ready for admission in the two counties of Down and Antrim. These are either accommodated in workhouses, or confined in jails as criminal lunatics. But there are numerous cases in which the parties would not be admitted as paupers, and yet their friends are not able to pay for them in private asylums. These are confined in rooms at their respective homes, without proper care, and sometimes subjected to cruel treatment.

#### GROANS FROM INDIA.

THE Indian Medical Service having now become amalgamated with the Royal Army, it is perhaps unnecessary to allude to the causes which have rendered the former so unpopular that the authorities have been compelled to abolish the separate competitive examinations. Many of these causes have been already discussed and ventilated in our columns. But at a moment when great changes are in progress and the Services are undergoing revolution, it is right to direct attention to the present condition of the Indian Medical Service in reference to how the new arrangements are to be applied to the Military and Medical Funds.

Every thoughtful member of the Service endorses the statement, that the hope of benefiting by these Funds is a great motive power in impelling men to seek their fortunes in the uncongenial climate of India, amongst a people and surrounded by influences widely disparate from home associations. To these funds—subscribed and supported by their contributions—they look for the certain power to retire on a moderate competence after seventeen or twenty years' labour, if they should be so fortunate as to survive the dangers and discomforts of their service for so long a period. Should they not be spared to enjoy this modest recompence, they have had hitherto the satisfaction of knowing that their survivors, whether widow or children, would be saved by the existing provision from the pangs and humiliations of poverty or of seeking public charity.

The rumour that the removal of this last resource is contemplated, is causing painful anxiety to many who have been thus induced to venture on the cares of matrimony. The fortunate pensioners of the Funds who now enjoy handsome retiring incomes, and exert a well-deserved influence over the Councils of the Medical Department and at the India-office here, should pause before they do or advise anything which can affect painfully or injuriously those who are still toiling in the heat of the battle, and look with sinking hearts at the gradually diminishing vista of rewards which the future of the Indian Medical Service now offers. We hear from India that there are men there of four years and a half's service, still on general duty, and some of them good men and true, successful operators, and industrious and conscientious servants. Civil surgeoncies and vaccinatorships are being swept away, and probably a number of regimental and staff appointments will follow in their suit. All these changes, incidental though they may be to the complete amalgamation of the Services, and essential to the maintenance of the general principle of justice, are felt as serious hardships by the officers of the establishment, who began their career with far different prospects. They are unwilling to resign any of their still existing privileges, and multiplied remonstrances are elicited by the rumour of the proposed changes in the administration of the Funds.

**ROYAL FREE HOSPITAL.**—The thirty-third anniversary festival of this institution was held at the Freemasons' Tavern on Tuesday evening last. The Lord Mayor, supported by the sheriffs, presided. The sum subscribed amounted to £3740.

## Correspondence.

“Audi alteram partem.”

### ST. LUKE'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—My attention has been directed to a paragraph in your journal of the 9th instant, having reference to the late proceedings at St. Luke's Hospital in respect of the vacant office of physician to the charity.

Though I felt at the time that, as your notice has it, “I had been somewhat harshly dealt with in my efforts to obtain the appointment of physician to the hospital,” I was not anxious that the matter should be ventilated, lest the cause for its publicity should be looked upon as the vexation which disappointment brings. However, as you have thought proper to allude to the subject, I think it only right that you should have an authenticated statement of the proceedings in question; and when I state that the result arrived at has destroyed hopes in reference to St. Luke's Hospital which I had cherished for years, I need hardly say that I did and do feel no little disappointment.

Your readers will recollect that some years since an inquiry into the condition and management of Bethlem Hospital was ordered by the Secretary of State. This resulted in the publication of details which much arrested public attention. Just after this inquiry—rather more than eight years ago—I was elected as resident medical officer of St. Luke's Hospital. Without going into particulars, which would only revive angry feelings that ought to be dead, I may say, shortly, that the condition of St. Luke's Hospital at the time of my appointment was but little different from that of the sister charity, as revealed by the above-named inquiry.

I set diligently to work to remedy this state of things, and for evidence of my success I would refer your readers to the expression of approval of my proceedings contained in the reports of the visiting Commissioners in Lunacy, and to the many members of my profession, whose kind sympathy I so largely received during my arduous task.

Unfortunately, at the time of my election the treasurer and some of the older members of the committee supported another candidate, and my efforts for the improvement of St. Luke's and the condition of its inmates met with what is, I fear, the too common reward of the reformer of abuses.

Up to February, 1860, there had been two visiting physicians to the hospital, each receiving an honorarium of £100 per annum; and when at this period one of them resigned, I not unnaturally looked forward to succeed him. I had always been a supporter of visiting physicians at St. Luke's—officers not generally existing in asylums for the insane. I had held this opinion with the view that the hospital ought to be made large use of for the purpose of clinical teaching. The profession and the medical schools of a great metropolis like this should surely have some field for the observation of so common an affliction as is, unhappily, disorder of the mental functions. Ought, or ought not, St. Luke's? is it, or is it not, incumbent on its governors to provide for the education of the medical profession *quoad* insanity, as the other hospitals do in respect of the ailments to which they open their doors?

I may state, as evidence of the feeling on this subject prevailing at medical schools, that I had communications made to me with a view to my lecturing on psychological medicine from three of the large schools in the metropolis; but, of course, such lectures would be bald and unprofitable indeed without a clinical field, and this would have been most conveniently supplied at St. Luke's Hospital—the students visiting (as the regulations of St. Luke's allow) in parties of six at a time.

To carry out this view was the object I had in looking forward to the physicianship to St. Luke's Hospital.

When the physician before alluded to (Dr. Alex. J. Sutherland) resigned, he advised the committee not to fill up his place; and consequently at the annual meeting of governors, nine only being present,—it was determined, “as an experiment,” to go on with one physician only. In the July following I resigned my appointment as medical superintendent, and begged the committee to allow me to continue in the service of the hospital as visiting physician. As, however, the annual court—of nine—had determined to try the experiment referred to, it was held, with every appearance of reason, that a com-

mittee, though mustering more numerously, could not deal with a matter that had been decided at a general court. Therefore, no action was taken until the next annual meeting, held last month.

At this court—present upwards of thirty—it was proposed that the vacant office of physician be filled up. This was seconded and discussed; when Dr. Sutherland (who had become a governor and a member of the committee) stated that he was surprised that so strong a feeling should be felt by the governors in favour of electing another physician, but that if it were really their wish so to do he should be very happy to return to his duties, and that without salary. This, of course, paralysed the efforts of the governors, whose views were to import a little more activity into the *medical* feature of the hospital; to give it a character plainly in consonance with the views of its founders and the requirements of the age; and to emancipate it as much as possible from its *workhouse* or *asylum*-like constitution.

Disappointment and personal interest distort our judgment so much that I may be wrong in my estimate of the fairness or otherwise of this re-assumption of office by one who had deliberately resigned it a year since. I leave it to the judgment of the profession at large.

I am, Sir, your obedient servant,

Hanover-square, March, 1861.

HENRY STEVENS, M.D.

### “BLOODY SWEAT.”

To the Editor of THE LANCET.

SIR,—The case of “bloody sweat” so well described by Dr. Chambers, and inserted in your valuable journal of the 2nd inst., is extremely interesting, particularly as the morbid state of the blood in Henrietta K—supervened on an attack of scarlatina. Now, these three things have been proved—first, that the poison of scarlatina, if it does not primarily, yet does especially, attack the blood; secondly, that the direct action of ammonia on the blood is very considerable and remarkable; and thirdly, that the sesquicarbonate of ammonia possesses specific powers as a remedy in the worst forms of scarlatina.

I believe that the longer and more thoroughly the therapeutical effects of ammonia are investigated, the more fully we shall be convinced of its remarkable powers as a remedy, and of the soundness of Dr. Richardson’s inference, drawn from his numerous and varied experiments, that “irrespective of the use of the volatile alkali as a blood solvent, it is impossible to over-estimate its other properties in the animal economy.” (“Cause of the Coagulation of the Blood,” p. 322.) Therefore I am greatly interested to know the effects which would follow the administration of sesquicarbonate of ammonia to Henrietta K—in six or eight grain doses, thrice a day, in water alone; and since the treatment pursued has not accomplished all that Dr. Chambers desires, may I beg leave, through the medium of your journal, to ask of him the favour of testing its effects?

In my view, the case of this young woman is one of morbid blood following scarlatina,—this is the true pathology,—which diseased condition of the vital fluid, and its result of suppressed catamenia, would probably have been prevented had the ammonia been prescribed for the patient at the time of the fever. I am sanguine enough to anticipate decidedly salutary results from its use even now. The treatment described has been useful; but it does not attack the root of the malady, and therefore the benefit cannot be expected to be permanent. The indication is to throw such alkaline or other salt into the circulation as will neutralize the blood poison, and restore that vital fluid to its normal condition. Then may we not hope that the constitution, under favourable circumstances, will fully recover itself, and nature complete its relief by establishing the usual catamenial discharge?

I am, Sir, yours sincerely,

Epsom, March, 1861.

T. J. GRAHAM, M.D.

### VACCINATION IN SCOTLAND.

To the Editor of THE LANCET.

SIR,—Twelve months ago the public and the profession had alike decided upon the propriety and importance of a Vaccination Bill for Scotland. The urgent necessities of public business, however, compelled its delay for a time. But Parliament has again met, and yet we hear no more of it. Has the plague, then, abated? Alas! no. Month after month the

reports of our Registrars continue to signalize the presence amongst us of epidemic small-pox, numbering its victims by hundreds. Whence, then, this apathetic neglect?

In January last 3·6 per cent. of the mortality of the eight principal towns in Scotland was caused by small-pox. But, Sir, the researches of Mr. Simon, of Mr. Marson, and of others have shown that perfect vaccination insures an *almost complete immunity from death by small-pox*, the exact amount of liability being uniformly *less than the half of one per cent.* So that more than 3 per cent. of the mortality of those eight towns during January last arose from a preventible cause. That is to say, that of the 2779 persons who died in those eight towns during January last more than 80 died from culpable neglect—on their own part, perhaps—certainly on the part of society at large, which has been repeatedly warned by its medical advisers that it can prevent this mortality, and has yet taken no steps to enforce this prevention. Last year more than 800 persons died in those eight towns from small-pox alone, of whom upwards of 600 perished from culpable neglect. What would be thought of any railway or mining company, whose annual casualties from preventible causes amounted to anything like 600 in number? What an outcry there would be! What a running to and fro of Government inspectors, engineers, jurymen, and coroners! And yet the statistics of the Epidemiological Society (a name which I find great difficulty in pronouncing) bear me out in asserting that 3 per cent. is considerably under the average annual mortality from small-pox, and therefore that this paltry 600 is but a small part of the mortality preventible by a remedy safe, certain, and known, for the whole medical evidence in the matter goes to prove, *that in proportion as vaccination is general and efficient, so is the exclusion of small-pox from the community secured, and its mortality greatly diminished.* And the statistics of other and more favoured countries prove that this statement is correct, and that complete immunity from small-pox is all but secured by a perfect system of vaccination. Why should our own free and enlightened country be the last to benefit by the blessed discovery of one of her noblest sons?

I am, Sir, yours truly,

Shandwick-place, Edinburgh,  
March, 1861.

GEORGE W. BALFOUR, M.D.

### ON THE USE OF BROWN BREAD IN DIABETES.

To the Editor of THE LANCET.

SIR,—Although habitually a reader of THE LANCET, the case of diabetes so graphically described by Dr. Willshire in his clinical lecture at the Charing-cross Hospital, and reported in the number for Oct. 27th, 1860, (owing to an accidental circumstance,) only came under my notice a few days since, otherwise I should before this time have requested space in your valuable pages for a few brief remarks. The case was not a promising one for any mode of treatment, as, although the chest appears to have been sound, the blindness in so young a subject showed such a breaking down of system as to render the prognosis extremely unfavourable; and I am not surprised that Dr. Willshire reports his inability to reduce the quantity of urine to less than four pints, or that there continued to be a large amount of sugar.

The point to which I wish to draw attention is that the patient was allowed brown bread, which appears to have been considered (as I have known in many other instances) part of the regular diabetic diet.

If the bread used in this case contained an additional quantity of bran to that made by bakers in general, yet, making allowance for that addition, the proportion of starch must still have been very great. In the best unsifted flour the bran is from 14 to 16 per cent.; and supposing an addition to the mass of a fifth or a sixth more bran, still the quantity of husk is very small in proportion to that of flour. Then, again, if we take into account that bran, in its ordinary unwashed state, consists of fifty-two per cent. of starch, it is obvious that whoever eats brown bread must take a large quantity of starch, at the same time that there is an *appearance* of following a restricted diet.

Owing my life as I do to abstinence from starch in the form of bread, and having witnessed its evil effects in so many cases, it would be a dereliction of duty if I did not protest against its use in any case at all severe, and the more so as a satisfactory substitute has been found.

Those who have read my work on “Diabetes” will, of course, know that I refer to the bran cake therein described.